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Artificial Intelligence in EAPs: A Global Survey of EAPA Members & Others



Popular Artificial Intelligence (AI) tools such as can generate text and pictures, answer questions, enhance productivity and work task efficiencies. Today, multiple choices are available including Open AI's ChatGPT, Google's Gemini, Microsoft's Copilot, Intel's USAI, Anthropic's Claude and many others.

Self-service AI tools applicable for mental health support involve three types: 1) chatbot-based virtual 'counseling' tools with text exchanges between a human user and a computer; 2) emotional health management apps for self-care (iCBT programs for anxiety, mindfulness, meditation, etc.), and 3) biometric measurement tools (machine-based sensors in watches, smartphones or on the body) for monitoring of sleep, moods, and other activity. Other AI applications can analyze large datasets of written text, social media content, health records, and other data sources to potentially identify patterns in early diagnosis, treatment support options, and relapse forecasting.

The use of AI chatbot therapy tools by those in psychological distress without the involvement of a human mental health professional has appropriately raised concerns. Some major professional organizations in the area of mental health, for example the American Psychological Association have released guidelines for using AI in

The authors will be presenting their study findings on trends in EA & AI in an international plenary panel and a workshop at 2025 EAPA Institute in San Francisco, CA October 9-12th
<https://eapassn.org/page/2025EAPAConference>.

mental health treatment and the management of ethical controls, data privacy requirements, oversight functions and legal risks to providers.

As billions of dollars are spent to develop and promote AI generally, it is already a growing part of the business community worldwide. We see a potential transformative impact for AI on employee assistance service delivery. Dr. Attridge discussed these trends in a 2024 [podcast](#). Whether this future will be good or bad for EAPs, their clients and customers is still not fully understood. Our applied survey study was designed to understand how and why EAPs are using AI. We also wanted to measure operational efficacy and any ethical concerns in anticipation of widespread adoption.

Study Methodology and Sample

The project was developed and self-funded by the authors of this article. Both have over 25 years of experience conducting EAP applied research and both have served as Chairs of the EAPA Research Committee. The survey data collection occurred from December 2024 through February 2025. It was a convenience sample of professionals in EAP who agree to participate. Calls for respondents were made on LinkedIn and sent to the membership email lists of 8 different EAP professional organizations. A total of 222 participants provided usable responses. The sample included members from all eight of the major professional disciplines in the EAP industry, and featured people from 25 different countries. All data collected from participants is confidential.

The sample included 100 members of EAPA. This large subgroup was compared against the remaining 122 respondents to explore possible similarities or differences between the two groups. Specific items have differing total counts due to missing data. Findings were considered relevant to discuss if the chi-square test or *t*-test statistic comparing the two groups was at a probability level of .05 or less as a chance result. Interestingly, the sample featured a rough balance between external vendors and embedded programs. External vendors varied from small/boutique/regional (EAPA = 15 percent vs. Others = 21 percent), medium/national (20 percent both) and large global companies (13 percent vs. 11 percent). The embedded programs served organizations in business (18 percent vs. 7 percent), academia (13 percent vs. 11 percent) and the public sector (7 percent vs. 29 percent). The non-EAPA member comparison group had a significantly different mix of EA delivery models with four times as many internal programs at public sector (mostly from South Africa) and fewer internal programs at organizations in the private sector. Otherwise, the two groups were essentially similar.

Organically, the study reflected the various geographical markets of EA activity and participant affiliations. The EAPA-member group had customers/clients primarily located in the United States and Canada (76 percent) followed by Europe (21 percent), Asia/Pacific (20 percent), Africa (19 percent), Latin America (17 percent), Australia/New Zealand (13 percent) and other regions (4 percent). The comparison group had a different mix of geographical regions with a majority from South Africa (51 percent) followed by North America (31 percent), Europe (15 percent), Australia/New Zealand (13 percent), Asia/Pacific (11 percent), Latin America (4 percent) and other (1 percent). Multi-organizational membership was observed. For example, many EAPA members were also members of other EA groups: 18 percent belonged to the Employee Assistance Roundtable (EAR); 16 percent to the International Association of EA Professionals in Education (IAEAPE); 14 percent to the Employee Assistance European Forum (EAEF); 7 percent to EAPA-South Africa; 8 percent to the National Behavioral Consortium (NBC); and 5 percent to the Employee Assistance Professionals Association of Australasia (EAPAA).

Individually, each groups of respondents had a gender mix of about two-thirds female and one-third male, but the EAPA member group was significantly older (on average 54 years vs. 47). The EAPA-member group also had significantly more years of work experience in the EAP field (on average 19 years vs. 13). More of the EAPA member group possessed the [CEAP Certification](#) than those in the comparison group (67 percent yes or in the process vs. 20 percent). More of the respondents from EAPA-member group were in a business leadership role at their EAP organization compared to the comparison group (58 percent vs. 32 percent) but the two groups were similar on other types of work roles: EA business operations (both 27 percent); EA clinical delivery (EAPA 32 percent vs. 37 percent); specialist in EA (EAPA 27 percent vs. 24 percent); or “other roles” (EAPA 8 percent vs. 11 percent).

¹ American Psychological Association (2025): Ethical Guidance for AI in the Professional Practice of Health Service Psychology

Study Results

PART I – AI is Important to Future of EAP

Is AI Important to EAP Service Delivery in the Future? A large majority of EAPA members believe that AI will play an important role in the future of EAP service delivery (73 percent combined from 18 percent agree and 55 percent strongly agree). Only 4 percent of members think AI will *not* play a role in the future (2 percent disagree and 2 percent strongly disagree) and 13 percent were neutral. This finding was similar for both groups (73 percent combined from 31 percent agree or 42 percent strongly agree; 17 percent neutral; 5 percent disagree; 5 percent strongly disagree). The results for the total sample for this question are presented in Figure 1. Clearly, AI literacy will become important for EA professionals, allowing them to converse with organizational stakeholders involving the range of AI applications.

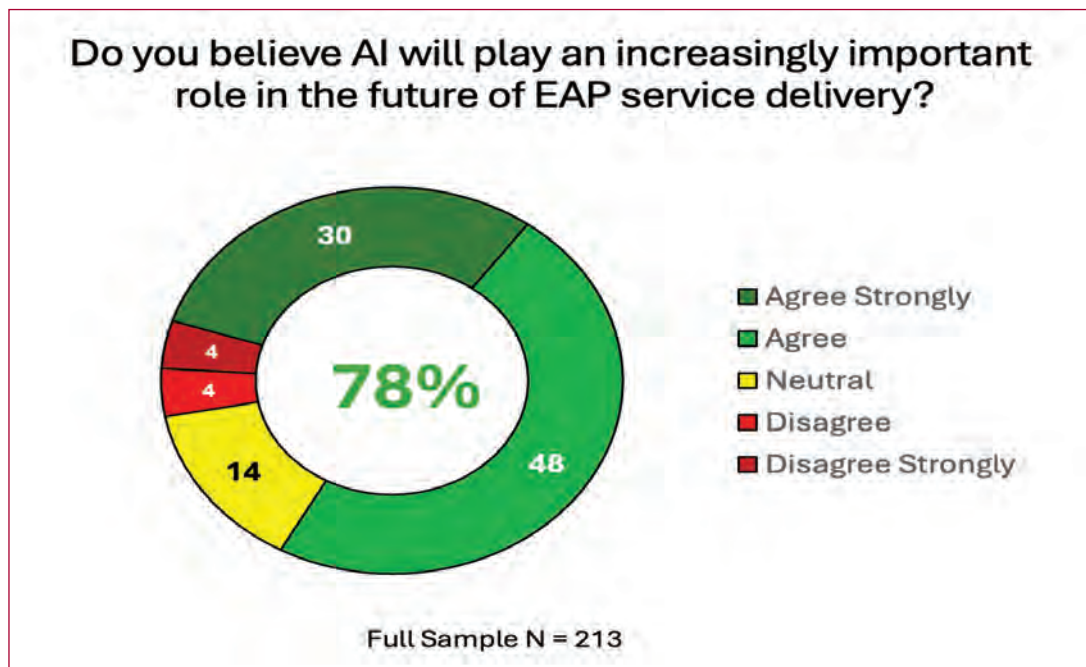


Figure 1. Importance of AI in the Future EA Services

PART II – AI Use at EAPs

Is AI Being Used in EAP Work by Individuals? The survey found that 40 percent of EAPA members were using AI to assist them in their EAP work at least weekly. Another 27 percent of EAPA members were using AI a few times a month. However, 20 percent rarely used AI and 13 percent never use it. See details in Table 1 for EAPA and the comparison groups, which had similar profiles. Thus, at an individual level, the use of AI tools for work was extremely variable among EA professionals ranging from daily users to never users. Principally, AI was being used at work by individuals for generating ideas (73 percent), consolidating information (58 percent) or to learn new things (45 percent). Other less common uses of AI included the automation of basic tasks (21 percent), to create reporting (19 percent), to collaborate with coworkers (14 percent), to identify problems (11 percent) and to interact with customers (10 percent). Non-EAPA members had a similar profile for AI utilization at work (not shown).

Is AI Being Used in EAP Organizations Now? The majority of EAPs are *not* using AI now as part of the enterprise model (59 percent), but about 4 out of every 10 are currently using AI at their organization (41 percent; see Table 1). Among these early adopters, AI use had started mostly in the last two years (average of 20 months ago). Both of these findings for EAPA members were similar to the comparison group (see Table 1).

Table 1. Current Use of AI in EAPs

<i>Personally, how often do you use artificial intelligence (AI) in your role?</i>	EAPA (n=100) %	Others (n=113) %
Daily	13	26
A few times a week	27	24
A few times a month	27	18
A few times a year	13	13
Once a year	0	0
Less than once a year	7	4
Never use	13	15
<i>To the best of your knowledge, has your EAP organization begun integrating new artificial intelligence (AI) technology or tools to improve enterprise practices (e.g., increase productivity, efficiency and quality)?</i>	(n=98) %	(n=103) %
Yes	41	35
No	46	56
Not sure	13	9
<i>If yes, how long has your EAP organization been using AI?</i>	(n=40) %	(n=34) %
Less than 1 year	35	50
1 to 2 years	48	38
3 to 5 years	13	3
6 or more years	5	9
Average number of months (estimated mean):	20.1	18.7

How is AI Being Used in EAP Organizations? Of 14 specific applications of how AI could be used in the EA service context, most respondents were not using any of them currently (range from 4 percent to 23 percent; see green colored column in Table 2). Yet, many respondents expressed interest in adding all these AI services in the future (see yellow colored column in Table 2). AI therapy chatbots had the lowest level of current use at just 4 percent and also had lowest level interest for future use by EAPs. The EAPA-member group had similar percentages for 10 of the 14 ways of using AI compared to others. Key differences included significantly fewer EAPA members currently using AI or interested in using AI in the future for: a) automating routine tasks; b) predictive analytics for clinical diagnosis and treatment; c) first contact with clients; and d) chatbots for therapy with clients.

Table 2. Different Types of AI Solutions for EAPs

<i>Which of the following AI-based solutions does your EAP organization currently use or has an interest in adding in the future?</i>	EAPA Members (n=99)			Others (n=85)		
	Not interested/ Don't know	Maybe in the future	Using now	Not interested/ Don't know	Maybe in the future	Using now
	%	%	%	%	%	%
AI for operational and business management purposes at EAP	14	63	23	12	73	15
AI tools use translate text communications from one language to another	21	64	15	19	68	13
AI collects assessment and risk screening data from clients on wellness or mental health	24	63	13	21	64	15
AI tools create personalized information requests and recommendations for clients to do self-care	26	63	11	21	68	11
AI tools use automate administrative and routine work tasks for EA staff and affiliates*	14	78	8	8	72	20
AI tools analyze clinical and outcome data to improve service delivery	17	75	8	14	72	14
AI tools collect outcome and evaluation data from clients	17	76	7	18	74	13
AI used as adjunctive supports during clinical treatment phase with EAP human counselors	28	65	7	22	68	9
AI transcribes recorded clinical exchanges or case notes from human care providers	34	60	6	28	64	8
AI tools use client and clinical data for predictive analytics to create a diagnosis and guide treatment care plans*	42	52	6	26	67	7
AI is first contact at EAP for clients seeking support*	42	53	5	22	67	11
AI tools use client and clinical data for matching clients to human care providers	26	69	5	25	67	8
AI as training resource for our clinicians	22	74	4	18	69	13
AI-based chatbots function as virtual therapists or counselors to provide direct care to clients*	61	35	4	41	52	7

Note: Majority response in bold font. * groups different at $p < .05$.

PART III – Advantages and Disadvantages of AI for EAPs

What are the Potential Advantages of AI for EAPs? For advantages of AI, 5 of the 10 areas listed were endorsed by a majority of EAPA members. These included increasing 24/7 access to the service, improved operational efficiency and profitability, increased overall use of all services, increased speed for intake assessment and triage, and increased user engagement with the EAP. Only 37 percent to 21 percent of EAPA member respondents felt

AI provided other kinds of advantages. Compared to other respondents, the EAPA-member group had similar percentages for endorsing 6 of the AI advantages. However, significantly fewer EAPA members believed that AI could: a) improve the speed of initial assessment and triage to human clinicians; b) improve the accuracy of identifying needs of clients; c) make more personalized clinical recommendations; and d) improve effectiveness of diagnosis and clinical treatment. These differences are consistent with the EAPA member group being more skeptical of the clinical treatment-related aspects of AI use in EAP counseling services. See details at the top of Table 3.

What are the Potential Disadvantages of AI for EAPs? Uniformly, the lack of human empathy in AI interactions was a major concern. As a set of issues, 7 of the 12 limitations listed were endorsed by a majority of EAPA members. The EAPA-member group was like the comparison group for most of these results. However, more EAPA members considered the following three issues to be a problem: a) client privacy and data security in AI (EAPA 79 percent vs. 64 percent); b) ethical use of AI (72 percent vs. 49 percent) and c) inaccuracies in AI clinical assessments and recommendations (68 percent vs. 47 percent). See bottom of Table 3 for details.

Table 3. Specific Potential Advantages and Disadvantages of AI for EAPs

<i>What are the potential benefits of AI for service delivery for EAPs?</i> Select all that apply (% Yes)	EAPA (n=99) %	Others (n=84) %
Increase immediate 24/7 access to EAP services	63	71
Improve operational efficiency and business profitability for EAP	61	57
Improve overall utilization rate for all kinds of EAP services	55	55
Increase speed of initial assessment and triage to human clinicians	52	63*
Enhance user engagement with EAP	50	51
Improve accuracy in identifying needs of EAP users	37	50*
Re-direct low severity clients away from human clinicians to techno-therapy tools	35	30
Reduce stigma for users who interact with a machine rather than a human provider	33	44
More personalized [clinical treatment] recommendations for clients	27	41*
Improve effectiveness of diagnosis and clinical treatment	21	41*
<i>What are the challenges or limitations of using AI for EAPs?</i> Select all that apply. (% Yes)		
Privacy and data security issues	79*	64
Lack of human empathy in AI interactions	74	74
Regulatory or compliance challenges about ethical use of AI in mental health	72*	49
Inaccuracies in AI-generated assessments or text recommendations	68*	47
Lack of knowledge or expertise in AI among EAP staff and clinicians	65	55
Lack of trust in AI recommendations	60	61
Resistance from EAP clinicians and staff to use AI tools	58	49
High cost of AI implementation for EAP as business operating expense	48	49
Lack of available training resources on AI to upskill EAP staff and clinicians	47	48
Concerns that human counselors will get replaced by AI tools (provider job loss)	44	47
Difficulty integrating AI with other existing operational data systems	43	41
Resistance from EAP clients to use AI tools	38	40

* groups different at $p < .05$

PART IV – Emotional Tone

How Positively Do Professionals Feel about AI? The results revealed a wide range among EAPA members in how positively they felt in general about the role of AI in EAP, and ranged from experiencing no positive emotions (0) to feeling extremely positive (10). The average rating, however, was in the midpoint of the scale at 5.65 for the EAPA member group. This is similar to the comparison group, which had a 5.87 average rating. Other exploratory tests conducted of the full sample found that those who used AI more often in their work were more positive about the role of AI in EAPs. By gender, males were more positive than females.

How Negatively Do Professionals Feel about AI? There was also a wide range among EAPA member respondents in how negatively they felt in general about AI in EAP, ranging from experiencing no negative emotions (0) to feeling extremely negative (10). The average rating was in the middle of the scale at 4.98 for EAPA members. This was significantly higher than the comparison group, who had a 4.27 average. Thus, EAPA members felt more negatively about AI. Other tests conducted in the full sample found that feeling more negative about AI in EAP was correlated with older age, more years of experience in EAP, having the CEAP Certification, and less frequent use of AI for work.

What is the Combined Emotional Tone Towards AI? A closer look at the individual level data for the attitudes toward AI technology in EAP revealed that the two 0-10 emotion ratings were strongly related but in opposite directions ($r = -0.51$), such that the typical respondent had either a mostly positive tone or a mostly negative tone (with the rest of respondents being moderate on both emotions). Thus, we identified three groups of individuals in EAP field based on their emotional tone. These groups were created by taking the mathematical difference between the two 0-10 ratings (i.e., by subtracting the person’s negative emotion rating from their positive emotion rating). Figure 2 shows how the average ratings in for people within each group define each group.

- **Connected (+)** = positive rating > negative rating by 3 or more
- **Cautious (?)** = positive rating similar to negative rating within 2, 1 or 0
- **Critical (-)** = positive rating < negative rating by 3 or more

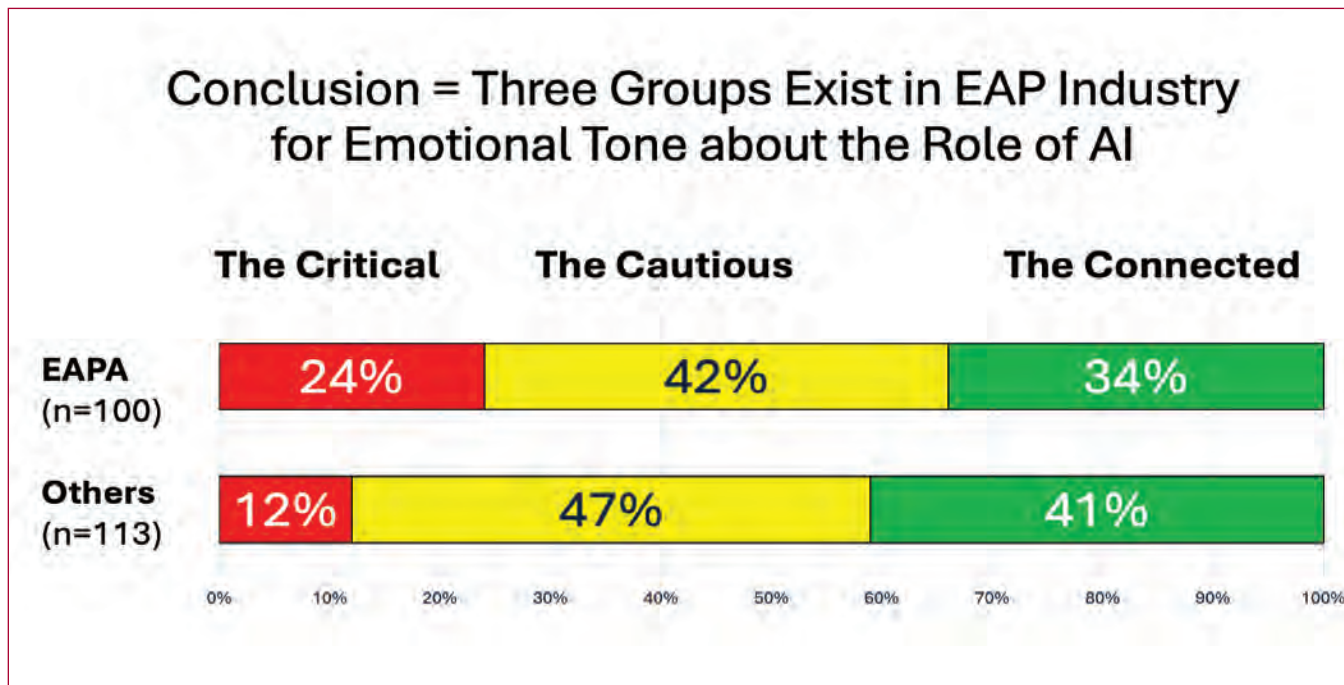


Figure 2. Emotional Tone Analysis for AI in EAP: Three Types of Professionals

In conclusion, there is clearly a widespread belief that AI will have a transformative impact on the EA practice. Interestingly, our survey responses indicate a low level of current AI use within the EAP community. Our respondents reported a diverse range of potential operational and clinical applications. However, EAPA members were less connected to and more critical of AI applications when matched to the comparison group. In conclusion, the survey sample formed three naturalistic groups (see Figure 2) with non EAPA members being more favorably disposed and connected to AI technology. In contrast, EAPA members were more likely to be critical. This difference in tonal disposition remains to be understood. There are some additional differences between the two groups in age, length of EA service and CEAP status. The authors submit that further research is needed.

The evolution of AI applications remain highly dynamic. Conscientious EAPs will need to thoughtfully consider the terms, parameters and conditions of AI implementation. How will AI fit within existing EA service models? Should EA vendors, programs and practitioners promote AI? How will EA professionals manage prerequisite upskilling? Which AI applications will be most relevant/useful? How will the efficacy of AI be scientifically evaluated? What are the ethical implications of AI adoption? How will AI impact EA confidentiality? What are the appropriate AI guard rails? What will it cost? Hopefully, our survey results will serve as a starting point for ongoing discussion. The authors will be presenting their study findings on trends in EA and AI at the 2025 EAPA Institute in San Francisco this October 9-12.

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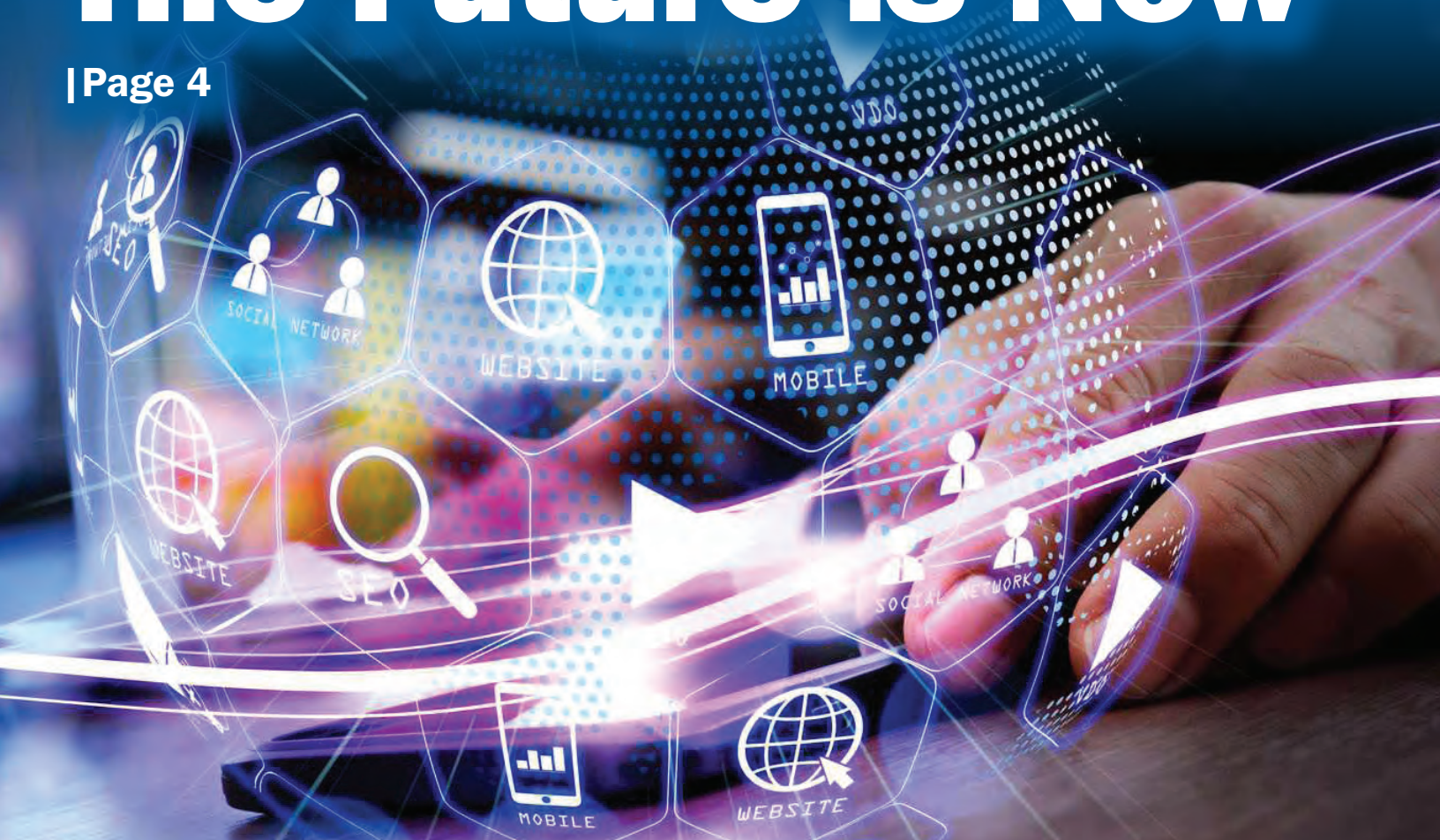
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